POSITION	INITIALS	ID NO.	DATE
	SF		9-20-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			9/27
FORMALITY REVIEW	TB	JC1108	10.18.01
RESPONSE FORMALITY REVIEW	MO	JOM	03/1210

INDEX OF CLAIMS

✔	....	Rejected
=	....	Allowed
—	(Through numeral)...	Canceled
÷	....	Restricted

N	....	Non-elected
I	....	Interference
A	....	Appeal
O	....	Objected

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Claim		Date
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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